MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75)

CERTIFICATE OF DEATH

11090

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Norwood Rural Sect. (If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or institution~~: Sandy Springs
Stay in hospital or inst. (yrs., or mos., or days): None
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Montgomery
City or town: Norwood Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No.: Near Sandy Spring (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Noah Addison ~~Addison~~

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	A.A.	Married.

6 (b) Name of ~~husband or~~ wife: Alcinda Addison
6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): November 15, 1890

8. AGE: Years	Months	Days	If less than one day
48	11	16	____ hrs. ____ min.

9. Birthplace: Mt. Zion (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Sanitary Commission
FATHER 12. Name: Robert Addison
FATHER 13. Birthplace: Leesburg Va.
MOTHER 14. Maiden name: Maudie J Bowie
MOTHER 15. Birthplace: Montg. Co. Md
16. Informant: Alcinda Addison
Address: Norwood Md
17. Mt Zion Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 3 1939 (month) (day) (year)
Cemetery or crematory: Mt Zion. Md
Location: Montgomery Co Md
18. Funeral director: Roy W Barber
Address: Gaithersburg Md
19. Nov. 2 1939 (Date rec'd by registrar) Gertrude D. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 1 1939, at 8:35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22 1933, to Nov. 1, 1939, and that I last saw h- im- alive on October 31, 1939

Immediate cause of death	DURATION
Nephritis Tubular	
without Edema: acute	Duration
Due to Delerium Tremens	five days approx.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Webster Sewell M.D.
Address: Norbeck, Md. Date signed: Nov 1. 39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

11091

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

1. PLACE OF DEATH (131)

County Montgomery Registration Dist. No. 214

Village or City Wheaton no No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Wylliam Edward Beahm If U. S. Veteran, specify WAR —

(a) Residence: No. Rockville R F D St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Beam

6. DATE OF BIRTH (month, day, and year) Aug 24 - 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Page Co Va

FATHER

13. NAME Isaac Beahm

14. BIRTHPLACE (city or town) (State or country) Page Co Va

MOTHER

15. MAIDEN NAME Lucas

16. BIRTHPLACE (city or town) (State or country) Lucas

17. INFORMANT (Address) Grace Beam Rockville

18. BURIAL, CREMATION, OR REMOVAL Place Hankinstown Va Date Nov 17, 1939

19. UNDERTAKER (Address) Roy W Baker Gaithersburg Md

20. FILED Nov 18, 1939 Margaret C. Trenseame Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1939, to Nov 15, 1939

I last saw him alive on Nov 15, 1939; death is said to have occurred on the date stated above, at 6:30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	
Cerebral hemorrhage	11-15-39

Other Contributory Causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Wilkins Leach M. D.

(Address) Kensington, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastrocnteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

11092

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery County

City or town Olney, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc

Stay in hospital or inst. (yrs., or mos., or days) 1 day,

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Poolesville, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Dawsonville, Md Rural -

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME William Sylvester Beander.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Lottie Beander

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 11, 1886

8. AGE:

Years	Months	Days	If less than one day
52	8	0	____ hrs. ____ min.

9. Birthplace Sugar land, Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name Henry Beander

FATHER 13. Birthplace Hope Hill, Fred. Co. Md.

MOTHER 14. Maiden name Florence Hall

MOTHER 15. Birthplace Sugarland, Md.

16. Informant Hospital records.

Address

17. Buried Date thereof Nov. 14. 1939 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sugarland. Md.

Location Sugarland. Md.

18. Funeral director Robt. L. Snowden

Address 246. N. Washington St Rockville

19. Nov. 14 1939 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1939, at 12.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 11 1939, to November 11 1939, and that I last saw h/m alive on November 11 1939.

	DURATION
Immediate cause of death General Peritonitis	2 days
Due to Gangrenous perforated appendicitis	1 day
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Incision drainage

Of autopsy None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J M D M. D. M. D. or other

Address Sandy Spring, Md Date signed

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11093

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(82-6)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: Montgomery

City or town: Seneca (Germantown rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 2 mi. South of Darnestown

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Germantown rural (nr. Seneca) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2 miles South of Darnestown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Thomas Berry

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ella Josephine Richetts Berry

6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): February 17, 1853

8. AGE: Years: 86 Months: 9 Days: 6 If less than one day: hrs. min.

9. Birthplace: Alexandria, Va.
(Town, county, and state)

10. Usual occupation: Truck gardener

11. Industry or business

FATHER
12. Name: Wm. H. Berry
13. Birthplace: Alexandria, Va.

MOTHER
14. Maiden name: Mary Stedman
15. Birthplace: Alexandria, Va.

16. Informant: Earnest Berry (Son)

Address: Seneca, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 26, 1939 (month) (day) (year)

Cemetery or crematory: Darnestown Presbyterian Church Cem.

Location: Darnestown, Md.

16. Funeral director: Reuben Pumphrey

Address: Rockville, Md.

19. Nov 24 1939 (Date rec'd by registrar) Upton L. Nourse M.D. Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 23 1939, at 10 40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 21 1939, to November 23 1939, and that I last saw him alive on November 23 1939.

Immediate cause of death: Uremia — DURATION: 4 days

Due to: Chronic hypertrophic prostatis — 15 yrs.
No operation; refused operation, eight years ago.

Due to: Senility; arteriosclerotic. C.W.G.R.
No cerebral hemorrhage; but cerebral thrombosis.

Other conditions: Rt. hemiplegia - partial — 3 days.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Geo. D. Seeley, M.D. M. D. or other

Address: Dawsonville, Md. Date signed: 11/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (167)

11094

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
County Montgomery County
City or town Lakeland Park Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Carroll ave (Washington Sanitarium)
Stay in hospital or inst. (yrs., or mos., or days) 1 da
Stay in this community (yrs., or mos., or days) 1 "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Pro George Co.
City or town Riverdale Hills Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Maple Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Blaine

3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Rexford Blaine
6 (c) If alive, give age 19 years
7. Birth date of deceased (mo., day, yr.): July 11, 1920
8. AGE: Years 19 yrs | Months 4s | Days 18s | If less than one day ___ hrs. ___ min.
9. Birthplace: Pa. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: at home
FATHER
12. Name: Frank Favorite
13. Birthplace: unknown
MOTHER
14. Maiden name: Effie McClure
15. Birthplace: "
16. Informant: Rexford Blaine
Address: Riverdale Hills Md.
17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec 21, 1939 (month) (day) (year)
Cemetery or crematory: Washington
Location: Hyattsville Md
18. Funeral director: F. Gasch's Sons
Address: Hyattsville Md.
19. 11/30 1939 (Date rec'd by registrar) J. Wilson Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1939, at 9 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Crowner 19 to 19, and that I last saw it alive on Case 19
Immediate cause of death: Suicide by pistol ball thru head from right to left.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Ball pressed thru head

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 11/29/39
Where did injury occur? Riverdale Hills (City or town) Prince George (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury 25 automatic pistol Injured at work? no

23. SIGNATURE C. E. Hawks M.D. med. ex. for Mont. Co. M. D. or other
Address C. E. Hawks Date signed 11/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

11095

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH:

County Montgomery

City or town Hyattstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Nr. Hyattstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR 1 mi. south

3. (a) FULL NAME Robert F Boyer.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

[illegible] 19[illegible] (c) If alive, give age [illegible] years

7. Birth date of deceased (mo., day, yr.) June 19, 1924

8. AGE: Years 15 Months 4 Days 23 If less than one day ___ hrs. ___ min.

9. Birthplace Nr. Hyattstown Montg. Co. Md.
(Town, county, and state)

10. Usual occupation High School

11. Industry or business

FATHER
12. Name Charles L. Boyer
13. Birthplace Baltimore City Md.

MOTHER
14. Maiden name Harriet Norwood
15. Birthplace Nr. Hyattstown Frederick Co. Md.

16. Informant Charles L. Boyer

Address 2663 St. Benedict St Balto Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof 11-14-1939 (month) (day) (year)

Cemetery or crematory Louden Park Cemetery

Location Baltimore Md.

18. Funeral director Hilton & Burdette

Address Hyattstown Md.

19. 39 Nov 13 1939 (Date rec'd by registrar) W E Lucas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1939, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 ___, to ___ 19 ___, and that I last saw him alive on ___ 19 ___.

Immediate cause of death: Gun Shot wound in Abdomen 20 gauge ranger Shot gun went off accidentally while he was placing it in back of Car.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of 11/12/39

Where did injury occur? Nr Hyattstown (City or town) Mont (County) Md (State)

Injured at home, farm, industry, public place (where?) Farm

Means of injury Shot Gun Injured at work? yes

23. SIGNATURE C. E. Hawks M. D. or other

Address Brookville Md Date signed 11/12/39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

11096

93-2

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Fairland, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME PUTNAM FARNHAM BRIAN If U. S. Veteran, specify WAR

(a) Residence: No. Fairland, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Liza Brian.

6. DATE OF BIRTH (month, day, and year) May 13, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1936. 11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John M. Brian

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Marguerite Whittemore

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Liza Brian (Address) Fairland, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Fairland, Md. Date Nov. 4, 1939.

19. UNDERTAKER J. Arthur Walters (Address) 254 Carroll St. Takoma Park, D.C.

20. FILED Nov. 2, 1939 E. C. Dudley Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 2, (Dey) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2/1/, 1937, to 11/2/, 1939

I last saw him alive on 11/2/, 1939; death is said to heve occurred on the date stated above, at 9:35 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:

	Date of onset
Chronic Myocarditis	2/1/37

Other Contributory Causes of Importance:

Cardiac Decompensation	11/1/39

Name of operetion — Date of

Whet test confirmed diegnosis? Exam Was there en eutopsy? No

23. If death was due to externaf causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Neture of Injury

24. Was diseese or Injury in any way releted to occupation of deceased? No

If so, specify

(Signed) J. F. Brian M. D.

(Address) Sandy Spring, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11097

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery County

City or town Alney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc

Stay in hospital or inst. (yrs., or mos., or days) 5 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Rural - Elisak Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Ellicott City - R. F. D. Harper Carrolls Farm (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clara Dean Burchett

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) February 19, 1936

8. AGE: Years 3 | Months 9 | Days — | If less than one day ___ hrs. ___ min.

9. Birthplace Asaka, Virginia.
(Town, county, and state)

10. Usual occupation Child.

11. Industry or business —

FATHER
12. Name Mr. Robert Burchett
13. Birthplace Salem, Missouri.

MOTHER
14. Maiden name Hazel Nichols
15. Birthplace Duffville, Tenn.

16. Informant Hospital records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof 11 (month) 19 (day) 39 (year)

Cemetery or crematory

Location Sneedville Tenn.

18. Funeral director F C Heymbothom Jr

Address Ellicott City Md

19. Nov. 19 1939 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1939, at 8 15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 14 1939, to November 19 1939, and that I last saw her alive on November 19 1939.

Immediate cause of death Lobar Pneumonia — DURATION 5 days.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy no-

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE Chas C Tumbleson M. D.

Address Sandy Spring, Md. Date signed 11/19/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

11098

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Germantown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural - Old Germantown —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Butler

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

B (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) November 7, 1939

8. AGE: Years | Months | Days | If less than one day — hrs. — min.

Still-born

9. Birthplace Olney, Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Henry Butler
13. Birthplace Warrenton, Virginia

MOTHER
14. Maiden name Ethel Saunders
15. Birthplace Ashburn, Virginia

16. Informant Hospital Records

Address

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Nov-9/39. (month) (day) (year)

Cemetery or crematory Manassas Cem.

Location Pr. Wm. Co. Virginia

18. Funeral director Enoch C. Harbaugh

Address Gaithersburg, Md.

19. Nov. 8 1939 (Date rec'd by registrar) Gertrude B. Lawlor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-7- Still born at 8:45 PM 19__

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death	DURATION
Still born.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE F. J. Bonchart M. D. or other

Address Gaithersburg Date signed 11-7-39

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

11099

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: The Montgomery County General Hospital Inc
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Germantown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural - near Old Germantown
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Butler

3. (b) Social Security Number

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) November 7, 1939
8. AGE: Years — Months — Days — If less than one day hrs. min.
9. Birthplace Olney, Maryland (Town, county, and state)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Henry Butler
13. Birthplace Warrenton, Virginia
MOTHER 14. Maiden name Ethel Saunders
15. Birthplace Ashburn - Virginia
16. Informant Hospital Records
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/9/39 (month) (day) (year)
Cemetery or crematory Manassas Cem.
Location Pr. Wm. Co. Manassas, Va.
18. Funeral director Emery C. Garten
Address Gaithersburg, Md.
19. Nov. 8 1939 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-7-39 Still-born at 19 , at 9:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .
Immediate cause of death Still-born
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. J. Brosshart M. D. or other
Address Gaithersburg Date signed 11-7-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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11100

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (46-B)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium - Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mr. James Miller Christmas If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. Upper Marlboro, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary M. Christmas

6. DATE OF BIRTH (month, day, and year): November 27, 1870

7. AGE: Years 69 | Months — | Days 1 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): 1919

11. Total time (years) spent in this occupation: 20 years

12. BIRTHPLACE (city or town) (State or country): Warrenton North Carolina

FATHER

13. NAME: James Yancey Christmas

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Rhoda Whitney

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Washington Sanitarium Hospital Records Takoma Park, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place: Upper Marlboro Md. Date: 11/28, 1939

19. UNDERTAKER (Address): Wilcox Brothers Upper Marlboro Md.

20. FILED: 11/28, 1939 J. Hilton Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1939, to Nov. 28, 1939

I last saw him alive on Nov 27, 1939; death is said to have occurred on the date stated above, at 3:50 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1937
Carcinoma of stomach	1939

Other Contributory Causes of Importance:

Art. Sclerosis	1935
Carcinoma of face	1939

Name of operation: None Date of ____

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) G. M. Gibbs M.D.

(Address) Takoma Park, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	**Date of onset**	**The principal cause of death and related causes of importance were as follows:**	**Date of onset**
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		**Other contributory causes of importance:**	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

DEC 5 1930
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11101

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Chevy Chase No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Cunningham If U. S. Veteran, specify WAR

(a) Residence: No. 4512 Ridge St St., Ward. Chevy Chase, Maryland

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Elizabeth Brooke

6. DATE OF BIRTH (month, day, and year) June 20, 1865

7. AGE Years 74 Months 5 4 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Telegraph Operator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Western Union

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cameron, W. Va.

FATHER

13. NAME James Cunningham

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mary Miller.

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Alma Cunningham, 4512 Ridge St. Chevy Chase Md.

18. BURIAL, CREMATION, OR REMOVAL Place Union Cemetery Rockville Md. Date 11-18, 1939

19. UNDERTAKER (Address) Almus R. Speare 3034 M St. N.W. — Washington, D.C.

20. FILED 11-17, 1939 B. C. Perry, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1939, to Nov. 17, 1939

I last saw him alive on Nov 16, 1939, death is said to have occurred on the date stated above, at 810 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 15

Other Contributory Causes of importance:

Arteriosclerosis &

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lee S. Donovan M. D.

(Address) 416 Georgetown Road Bethesda, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11102

1. PLACE OF DEATH (131)

County Montgomery Registration Dist. No. 214

Village or City Silver Spring No. 627 Gist Avenue St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 9 mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lucie H. Davis If U. S. Veteran, specify WAR

(a) Residence: No. 627 Gist Avenue St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Glenn William Davis

6. DATE OF BIRTH (month, day, and year): Oct. 26, 1895

7. AGE: Years 44 | Months — | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: U. S. Internal Revenue

10. Date deceased last worked at this occupation (month and year): Oct. 28, 1939

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town): Harrington (State or country): Delaware

FATHER

13. NAME: Johnson T. Barber

14. BIRTHPLACE (city or town): St. Marys County (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mamie Hayden

16. BIRTHPLACE (city or town): St. Marys County (State or country): Maryland

17. INFORMANT: Dr. J. T. Barber (Address) 107 Rhode Island Ave., Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place: Wash. D.C. Date: Nov. 2, 1939

19. UNDERTAKER: Martin W. Hysong Co. (Address) 1300-N St N.W. - Wash. D.C.

20. FILED: Nov. 2, 1939 F. E. Dudley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1939, to November 2, 1939

I last saw her alive on November 1, 1939; death is said to have occurred on the date stated above, at 12⁰⁰ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	10 years ago
Arteriosclerosis	5 years ago
Chronic Myocarditis	1 year ago

Other Contributory Causes of importance:

Uremia	Oct. 29, 1939

Name of operation: None Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. H. Howlett M. D.

(Address) 928 Sligo ave., Silver Spring, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1918*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 20 1929
BUREAU OF

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11103

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Bethesda No. 4535 Avondale St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Elizabeth Louise Devlin If U. S. Veteran, specify WAR

(a) Residence: No. 4535 Avondale St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 21, 1913

7. AGE: Years 26 | Months 5 | Days 21 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stenographer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. War Dept.

10. Date deceased last worked at this occupation (month and year) Nov. 1934

11. Total time (years) spent in this occupation 1yr

12. BIRTHPLACE (city or town) (State or country) Washington, D. C.

FATHER

13. NAME Andrew L. Devlin

14. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa/

MOTHER

15. MAIDEN NAME Mary A. Murphy

16. BIRTHPLACE (city or town) (State or country) Albany N. Y.

17. INFORMANT Annette Devlin (Address) 4535 Avondale, Bethesda Md.

18. BURIAL, CREMATION, OR REMOVAL Place Wash. D.C. Date Nov. 17, 1939

19. UNDERTAKER James T. Ryan, Inc. (Address) 317 Pa. Ave. S.E. Wash. D.C.

20. FILED 11-15, 1939 B. C. Perry, M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 15, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1939, to Nov. 15, 1939

I last saw her alive on Nov. 13, 1939; death is said to have occurred on the date stated above, at 1:10 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	—

Other Contributory Causes of Importance:

Name of operation none Date of —

What test confirmed diagnosis? Positive Sputum Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) J. Winthrop Peabody M. D.

(Address) 1742 K St. N. W. Wash. D. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

11104

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Emory Grove
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Emory Grove Ward No. 8
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine Dorsey

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	widowed

6 (b) Name of husband or wife John Dorsey
Deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE:

Years	Months	Days	If less than one day
87			hrs. min.

9. Birthplace Montg Co.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Samuel Johnson
13. Birthplace Montg Co.

MOTHER
14. Maiden name Rachel Johnson
15. Birthplace Montg Co.

16. Informant Willie Rose
Address 134 Randolph Place N.W. Wash.

17. Burial Date thereof Nov. 14 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Emory Grove
Location Emory Grove, Md

18. Funeral director Robert L. Snowden
Address 246 N. Wash. St. Rockville, Md.

19. Nov. 14 1939 Alsuda L. Cooke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1939, at 10 4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5 1939, to Nov 11 1939, and that I last saw h alive on Nov 10 1939.

Immediate cause of death	DURATION
Chr Myo Carditis	2 Yrs
Arterio Sclerosis	2 Yrs
Due to	
Due to	
Other conditions Acute bronchitis	1 week

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Y M Barber MD
M. D. or other
Address Gaithersburg Md Date signed 11-12-39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

11105

CERTIFICATE OF DEATH

Reg. Diat. No. 213

1. PLACE OF DEATH:

County Montgomery

City or town Rockville Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Carry Lee English

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6 (b) Name of husband or wife Harry P. English.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1854

8. AGE: Years	Months	Days	If less than one day
75	2	3	hrs. min.

9. Birthplace Maryland.

(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business Own Home.

FATHER 12. Name Richard Simpson

13. Birthplace Maryland.

MOTHER 14. Maiden name Annie E. Cissel

15. Birthplace Maryland.

16. Informant Harry P. English.

Address Rockville Md.

17. Burial Date thereof Nov. 10, 1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Marks

Location Highland, Howard County Md.

18. Funeral director Wm Reuben Dumphrey

Address Rockville Md.

19. Nov. 10 1939 Faye Barnsley

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1939, at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1939, to Nov. 9 1939, and that I last saw h alive on Nov. 9 10 P.M. 1939.

Immediate cause of death	DURATION
Cardio-vascular Renal disease	1 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. V. Hartley, M.D. M. D. or other

Address Rockville Date signed Nov. 10/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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DEC 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11106

(129)

1. PLACE OF DEATH

County Montgomery — Registration Dist. No. 223-

Village or City Takoma Park - Maryland — No. Washington Sanitarium St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 2 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Ferris - Mrs Mary Elizabeth

(a) Residence: No. 3921 Morrison St N.W. St., Chevy Chase Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ferris - Mr Cornelius

6. DATE OF BIRTH (month, day, and year): Sept - 17 - 1861

7. AGE: 78 Years — Months: 1 — Days: 30 — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: own home

10. Date deceased last worked at this occupation (month and year): 11-14-39

11. Total time (years) spent in this occupation: 39 yrs

12. BIRTHPLACE (city or town) (State or country): Battle Creek Michigan

FATHER

13. NAME: Beadle - Mr William

14. BIRTHPLACE (city or town) (State or country): Brockport New York

MOTHER

15. MAIDEN NAME: Day - Francis

16. BIRTHPLACE (city or town) (State or country): Spencerport New York

17. INFORMANT (Address): Wash. San. & Hospital Takoma Park - Maryland

18. BURIAL, CREMATION, OR REMOVAL. Place: Washington D.C. Date: 11/17, 1939

19. UNDERTAKER (Address): J William Lee's Sons 300 - 4th. N.E.

20. FILED: 11/17, 1939 J. William Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1939, to Nov 16, 1939

I last saw her alive on Nov 16, 1939; death is said to have occurred on the date stated above, at 9 28 am

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Peritonitis — Date of onset unknown

Primary cause was an acute peritonitis a number of years previously, which had remained latent. C.W.R.

Other Contributory Causes of importance:

Name of operation: Exploratory — Date of Nov 15

What test confirmed diagnosis? ___ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19__

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) A E Coyne M. D.

(Address) Takoma Park Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11107

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (4650) CB

County Montgomery Registration Dist. No. 214

Village or City Silver Spring No. Sedancia & Sanitarium Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. 11 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Fersinger If U. S. Veteran, specify WAR

(a) Residence: No. 140 N. Carolina Ave. St., Ward. Washington, D. C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin J. Fersinger

6. DATE OF BIRTH (month, day, and year) Oct 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

FATHER

13. NAME Patrick McNerney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Connors

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Son) Jos. E. Fersinger

(Address) 140 N. C. Ave. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D. C. Date 11-1-, 1939

19. UNDERTAKER J. H. Louis Sons Co.

(Address) 300-4th St. N.E.

20. FILED Nov. 1, 1939 F. E. Dudley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 1, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27-, 1938, to Nov. 1, 1939.

I last saw h. alive on Nov. 1, 1939; death is said to have occurred on the date stated above, at 5 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	2
Other Contributory Causes of importance:	
Exhaustion	

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Richard B. Thibodeau M. D.

(Address) 2012-R. St. N.W. Wash. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

11108

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town North Chevy Chase (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 9418 Jones Mill Road

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town North Chevy Chase Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 9418 Jones Mill Road (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Thomas T. Follin

3. (b) Social Security Number —

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Mary A. Follin

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 7, 1850

8. AGE: Years 89 Months 7 Days 17 If less than one day ___ hrs. ___ min.

9. Birthplace Faulkier County, Virginia (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Agriculture

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name

15. Birthplace

16. Informant Mr. Arthur Follin

Address 9418 Jones Mill Rd., N. Chevy Chase

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-26-1939 (month) (day) (year)

Cemetery or crematory Mt. Zion

Location Bethesda Md

16. Funeral director Geo W Wise Co.

Address 2900 N. St. NW. Washington DC

19. 11-24-39 19 (Date rec'd by registrar) B. C. Perry M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1939, at 12 27 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 1935, to Nov. 24 1939, and that I last saw him alive on Nov. 21 1939.

	DURATION
Immediate cause of death: Cerebral hemorrhage	9/16/39
Due to Arteriosclerosis with hypertension	10 yrs.
Due to Chronic interstitial nephritis	15-20 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Katharine A. Chapman, M.D. M. D. or other

Address 20 W. Balto. St., Kensington Date signed 11/24/39

RECEIVED
DEC 4 1939
BUREAU V. S.

11109

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93d)

County Montgomery Registration Dist. No. 218

Village or City Near Laytonsville Md No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Sarah Wilson Giles

(a) Residence: No. Nr Laytonsville Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 7 - 1868

7. AGE Years 70 Months 11 Days 9 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Work
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Work
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER
13. NAME William Fell Giles
14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER
15. MAIDEN NAME Lutie Kealhofer
16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Miss Hattie Griffith
(Address) Gaithersburg Md

18. BURIAL, CREMATION, OR REMOVAL Cremation
Place Washington DC Date Nov 16, 1937

19. UNDERTAKER Roy W. Barber
(Address) Gaithersburg Md

20. FILED 11/16, 1939 L D Beall Dept. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1938, to Nov 16, 1939

I last saw her alive on Nov 15, 1939; death is said to have occurred on the date stated above, at 3:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency	unknown
Pulmonary Stasis	2 wks

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Vernon H Dyson M. D.

(Address) Laytonsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 6 1929 VITAL STATISTICS

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11110

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (151)

County Montgomery Registration Dist. No. 213

Village or City Washington Grove Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? X X yrs. X X mos. X X ds.

2. FULL NAME Mary Williams Gray

(a) Residence: No. Washington Grove St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Gray

6. DATE OF BIRTH (month, day, and year) Aug. 21 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lucketts Va
(State or country) Loudon Co.

FATHER

13. NAME Jackson Minor

14. BIRTHPLACE (city or town) Lucketts
(State or country) Loudon Co Va

MOTHER

15. MAIDEN NAME Mary Esther Williams

16. BIRTHPLACE (city or town) Lucketts Va
(State or country) Loudon Co -

17. INFORMANT Maude B. Gray
(Address) Washington Grove Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Waterford Va Date Nov. 18, 1939

19. UNDERTAKER John R Wright & Co
(Address) 10th & N sts Washington D C

20. FILED Nov. 17, 1939 Faye Barnsley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 16 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1939, to November 16, 1939

I last saw her alive on November 16, 1939; death is said to have occurred on the date stated above, at 11:15 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Acute myocardial failure due to Arteriosclerotic cardiovascular & renal disease with generalized enlargement of heart.	3 days more than 2 yrs.

Other Contributory Causes of Importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George D. Selby M. D.

(Address) Dawsonville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
DEC 8 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

11111

Reg. Dist. No. 2-14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Mt. Hakeston
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Silver Sp - R F D #1.
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) 11 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Mont
City or town Mt Wheaton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Charles Edward Stall

3. (b) Social Security Number no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife Emma E. Stall
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22nd 1863

8. AGE: Years	Months	Days	If less than one day
76	2	25	hrs. min.

9. Birthplace Howard Co - Md
(Town, county, and state)
10. Usual occupation Foreman construction jang
11. Industry or business Rail Road
FATHER 12. Name Lewis Stall
13. Birthplace Howard Co - Md
MOTHER 14. Maiden name Mary Harvey
15. Birthplace Howard Co - md
16. Informant Mrs. M. E. Smith
Address Silver Sp. R F D #1
17. Burial Date thereof Nov. 19, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mt Olive church cem.
Location near Mt Airy.
18. Funeral director Wm Reuben Pumphrey.
Address Rockville & Bethesda Md.
19. Nov. 18 1939 Margaret C. Trewearne Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/17/ 1939, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/1/ 1939, to 11/17/ 1939, and that I last saw him alive on 11/15/ 1939

Immediate cause of death	DURATION
uraemia	2 days
Due to Chronic Interstitial Nephritis	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none.
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE J. W. Bird M.D.
M. D. or other
Address Sandy Spg Md Date signed 11/17/39

RECEIVED
NOV 21 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11112

Reg. Dist. No. 212

1. PLACE OF DEATH:

County: Boyds Station

City or town: Montgomery Co (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montg

City or town: Boyds (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.F.D. #2 Boyds
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Amelia Hebron

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Patrick Hebron (Deceased)

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 1950

8. AGE: Years 89 | Months 0 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace: Montgomery Co
(Town, county, and state)

10. Usual occupation: House Keeper

11. Industry or business: Homemaker

FATHER
12. Name: Basel Coats
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Strean
15. Birthplace: Md

16. Informant: Mary Spencer

Address: Boyds Md

17. Sugar Land
(Burial, cremation, or removal. Which?)

Date thereof: Nov 19 1939
(month) (day) (year)

Cemetery or crematory: Sugar Colored Cemetery

Location: Sugar Land

18. Funeral director: Robert L. Snouder

Address: 246 N Washington St Rockville

19. Nov 17 1939 (Date rec'd by registrar) E W White (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 17 1939, at 4:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 14 1939, to Nov. 17 1939, and that I last saw her alive on Nov. 16 1939.

Immediate cause of death: Cerebral Thrombosis Due to arterial Sclerosis

Due to: Senility

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations: —

Of autopsy: —

DURATION: 7 da.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Upton D. Nourse M.D.
M. D. or other

Address: Dawsonville Md. Date signed: 11/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1909
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107-01

11113

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Bethesda
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: None

Stay in hospital or inst. (yrs., or mos., or days) None

Stay in this community (yrs., or mos., or days) 82 yrs. 7 Months 15 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. None
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Jane Rebecca Heffner

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Eugene Heffner

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 15, 1857

8. AGE:

Years	Months	Days	If less than one day
82	7	15	____ hrs. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name John Worthmiller
13. Birthplace Maryland

MOTHER
14. Maiden name Amelia Austin
15. Birthplace Maryland

16. Informant F. Eugene Heffner

Address Bethesda, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 11, 1939 (month) (day) (year)

Cemetery or crematory Mt. Zion Baptist Cemetery

Location Georgetown Road, Bethesda, Md.

18. Funeral director Wm. Reuben Humphrey

Address Bethesda, Md.

19. 11-10 1939 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9, 1939, at 12 45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 4, 1939, to Nov. 7, 1939, and that I last saw her alive on Nov. 8, 1939.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE E. G. Bancroft, M.D. M. D. or other

Address Bethesda, Md. Date signed 11/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1939
BAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11114

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Montgomery Co., Md. Registration Dist. No. 223

Village or City Takoma Park, Md. No. Washington San. & Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Sara Haines Hoge

(a) Residence: No. Lincoln 2 Virginia Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	Amer	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Rev. Howard M. Hoge

6. DATE OF BIRTH (month, day, and year) March 22, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year) Oct. 30, 1939

11. Total time (years) spent in this occupation 53 yrs.

12. BIRTHPLACE (city or town) Lincoln (State or country) Virginia

FATHER

13. NAME Thomas R. Smith

14. BIRTHPLACE (city or town) Hamilton (State or country) Virginia

MOTHER

15. MAIDEN NAME Ellen Haines

16. BIRTHPLACE (city or town) Carroll County, Md. (State or country)

17. INFORMANT Patient's Chart (Address) Washington San. & Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Purcellville, Va. Date 11/29/39, 19...

19. UNDERTAKER Joseph F. Birch's Sons (Address) 3034 M St. N.W. D.C.

20. FILED Nov 29, 1939 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1939, to Nov 29, 1939

I last saw her alive on Nov 29, 1939; death is said to have occurred on the date stated above, at 1.45 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Coronary Occlusion	11/29/39

Other Contributory Causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) A. P. Coyne M. D.

(Address) Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

DEC 5 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (144B)

11115

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery County
City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
The Montgomery County General Hospital Inc
Stay in hospital or Inst. (yrs., or mos., or days) 13 days.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Rural - Unity - Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Brookeville, Maryland
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Louise Howard.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married.

8 (b) Name of husband or wife Daniel H. Howard.
6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) April 3, 1898

8. AGE:

Years	Months	Days	If less than one day
41	7	4	____ hrs. ____ min.

9. Birthplace Glenwood, Howard Co. Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name Gus Prettyman
13. Birthplace Daisey, Howard Co, Md.
MOTHER 14. Maiden name Mary Bond.
15. Birthplace Near Glenwood - Howard Co, Md
16. Informant Hospital Records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 10 1939 (month) (day) (year)
Cemetery or crematory Howard Chapel
Location Montgomery Co Md
16. Funeral director Roy W Barber
Address Laytonsville Md

19. Nov. 9 1939 Gertrude B. Lawler
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1939, at 8.05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 25 1939, to November 7 1939, and that I last saw her alive on November 7 1939.

	DURATION
Immediate cause of death Hemorrhage	
Uterus	
Due to Post Partum	2 hrs
Full term	
Due to —	
Other conditions —	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE J. M. B.
M. D. or other
Address Sandy Spring, Md. Date signed 11/7/39

RECEIVED
DEC 6 1939
BUREAU V. S

STATE OF MARYLAND—CERTIFICATE OF DEATH

11116

82a

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Forest Glen No. Capitol View Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Uriah Beauregard Inscoe If U. S. Veteran, specify WAR —

(a) Residence: No. Capitol View Ave St., Ward Forest Glen, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Annette Belle Inscoe

6. DATE OF BIRTH (month, dey, end year) Aug. 31, 1869

7. AGE	Years	Months	Days	If LESS then 1 dey, ... hrs. or ..... min.
	70	2	17	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Dete deceased lest worked at this occupation (month end year) .....

11. Total time (yeers) spent in this occupation .....

12. BIRTHPLACE (city or town) King George Co. Va.
(State or country)

FATHER

13. NAME John Uriah Inscoe

14. BIRTHPLACE (city or town) .....
(State or country) Va.

MOTHER

15. MAIDEN NAME Suzanne Jane Crismond

16. BIRTHPLACE (city or town) .....
(State or country) Va.

17. INFORMANT Mrs. C. W. Miles
(Address) Forest Glen, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Fort Lincoln Cemetery Date Nov. 20, 1939

19. UNDERTAKER Warner E. Pumphrey
(Address) Silver Spring, Md.

20. FILED Nov. 14, 1939 F. C. Dudley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 18 (Dey), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935, to November 18, 1939

I last saw him alive on November 18, 1939; deeth is said to have occurred on the dete stated above, at 2:15 P. m.

The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov. 15, 1939.
Arteriosclerosis	10 years ago

Other Contributory Causes of importance:

Name of operetion None Dete of .....

Whet test confirmed diegnosis? ..... Wes there an autopsy? No

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury .....

Neture of injury .....

24. Wes disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. H. Howlett M. D.

(Address) 928 Sligo Ave., Silver Spring, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 8 1929 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11117

1. PLACE OF DEATH (95b)

County Montgomery Registration Dist. No. 214

Village or City Takoma Park No. 501 Ridge ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME George Jackson

(a) Residence: No. 501 Ridge ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maud Beatrice Boyd Marriage Certy. found in pocket

6. DATE OF BIRTH (month, day, and year): Oct 7, 1898

7. AGE: Years 41 | Months 1 | Days 4 | If LESS then 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME ✓

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Geo. Jackson. 501 - Ridge ave.

18. BURIAL, CREMATION, OR REMOVAL Place: Good Hope Colmville Md. Date: Nov 13, 1939

19. UNDERTAKER (Address): Robert L. Snowden Rockville, Md.

20. FILED: Nov 13, 1939 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 11 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw him alive on ____, 19__; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Found dead at above address. Probably acute dilatation of heart

Date of onset

Other Contributory Causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury ____, 19__

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Hawks M. D.

(Address) Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 6 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11118

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

(131)

County Montgomery Registration Dist. No. 214

Village or City Silver Spring, Md. No. 9011 First Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wellington Boyd Johnson

If U. S. Veteran, specify WAR —

(a) Residence: No. 9011 First Avenue St., Ward. Silver Spring, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Bernice C. Johnson

6. DATE OF BIRTH (month, day, and year) Feb. 10, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Patent Attorney

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greencastle (State or country) Indiana

FATHER

13. NAME Campbell Johnson

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Hannah M. McDonnell

16. BIRTHPLACE (city or town) Xenia, (State or country) Ohio

17. INFORMANT Clair V. Johnson

(Address) 65 45th St., N. Y.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Rockville Cem. Date Nov. 4, 1939

19. UNDERTAKER Warner E. Pumphrey

(Address) Silver Spring, Md.

20. FILED Nov. 3, 1939 F. G. Dudley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1939, to Nov. 2, 1939

I last saw him alive on Nov. 2, 1939; death is said to have occurred on the date stated above, at 6:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebro Sclerosis general	1935
Nephrosclerosis	1939

Other Contributory Causes of Importance:

Hernia of Hypostatic Pneumonia	Oct 31, 1939

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. B. Wanderer M. D.

(Address) 913 Bonifant St., Silver Spring Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
NOV 9 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

11119

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Forest Glen
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Forest Glen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Soden Kimpton

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Eva May Kimpton

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25 1853

8. AGE:

Years	Months	Days	If less than one day
86	1	15	hrs. min.

9. Birthplace England
(Town, county, and state)

10. Usual occupation Bookkeeper (Retired)

11. Industry or business

FATHER 12. Name William Kimpton

13. Birthplace England

MOTHER 14. Maiden name Marta Soden

15. Birthplace England

16. Informant Mrs. Eva May Kimpton

Address Forest Glen, Md.

17. Burial Date thereof Nov 13 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen

Location Blocksburg, Md

18. Funeral director F. Gaschs Sons.

Address Hyattsville, Md.

19. Nov. 11 1939 J. E. Dudley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 5 1939, to November 10 1939, and that I last saw him alive on November 10 1939.

Immediate cause of death	DURATION
(a) Cerebral Hemorrhage	Five days
Arteriosclerosis	15 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. H. Howlett
M. D. or other

Address 928 Sligo Avenue Date signed Nov. 10, 1939.
Silver Spring, Md.

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-A)

CERTIFICATE OF DEATH

11120

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The MARGIN RESERVED FOR BINDING. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

VS A15

1. PLACE OF DEATH:
County Moulgomery
City or town Moulroose
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Mayland County Moulgomery
City or town Moulroose (If outside city or town limits, write RURAL NEAR and give town) Ward No.
Street No. Rockville Pike & Edson Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Joseph John Matthews
3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Hellen G. Matthews deceased
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) August 1 - 1876
8. AGE: Years 63 Months 3 Days 22 If less than one day ____ hrs. ____ min.
9. Birthplace Washington D.C. (Town, county, and state)
10. Usual occupation Contractor
11. Industry or business
FATHER 12. Name Unknown
FATHER 13. Birthplace Unknown
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown
16. Informant Joseph D Matthews (son)
Address R. F. D. Rockville - Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 25 - 1939 (month) (day) (year)
Cemetery or crematory St. Mary Catholic Church
Location Near Rockville - Md
18. Funeral director Wm. Reuben Humphreys
Address Rockville - Maryland
19. 11-25 (Date rec'd by registrar) 1939 Faye Carnaley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 1939, at 7 o'clock P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 23 1939, to Nov. 23 1939, and that I last saw him alive on Nov. 23 1939.

	DURATION
Immediate cause of death: Cerebral hemorrhage	Few minutes
Due to: arteriosclerosis + hypertension	5 years
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm A. Leatherwood M.D.
M. D. or Other
Address Rockville, Md. Date signed Nov. 24/39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-X)

11121

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Moulgomery

City or town Bethesda (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 29 - Drummond Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 18 months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State County

City or town Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Cochrane McCoy

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	Widowed

6.(b) Name of husband or wife Unknown McCoy

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 31 - 1883

8. AGE: Years 56 | Months 10 | Days 8 | If less than one day hrs. min.

9. Birthplace Alabama (Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own Home

FATHER 12. Name Charles Rufus Cochrane

FATHER 13. Birthplace Winchester - Tennessee

MOTHER 14. Maiden name Jennie Sanford

MOTHER 15. Birthplace Elyton - Alabama

16. Informant Mrs. W. K. Hoover (nephew)

Address 29 - Drummond Ave

17. Shipment (Burial, cremation, or removal. Which?) Date thereof Nov 25 1939 (month) (day) (year)

Cemetery or crematory

Location Birmingham - Jefferson Co. Alabama

18. Funeral director Wm. O. Reuben Humphreys

Address 7005 - Wis. Ave - Bethesda Md

19. Nov. 25 1939 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 1939, at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1939, to Nov. 23 1939, and that I last saw h-er alive on Nov. 23 1939.

Immediate cause of death	DURATION
Carcinoma of rectum	4 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sidney L. Carreira M. D. or other

Address 3921 - 13th Avenue N. Date signed 11/25/39

RECEIVED
DEC 4 1939
BUREAU V. S.

11122

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (8)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium & Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Katharine McGuinness If U. S. Veteran, specify WAR ___

(a) Residence: No. 445 Newton Pl. N.W. St., Ward. Washington, D.C.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ___

6. DATE OF BIRTH (month, day, and year) November 16, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ___

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ___

10. Date deceased last worked at this occupation (month and year) ___ 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) Takoma Park (State or country) Maryland.

FATHER

13. NAME Thomas John McGuinness

14. BIRTHPLACE (city or town) Phila, Penna. (State or country)

MOTHER

15. MAIDEN NAME Margaret Rosalia Renz

16. BIRTHPLACE (city or town) Charlotte N.C. (State or country)

17. INFORMANT Washington Sanitarium Records. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Wash. D.C. Date Nov. 16, 1939

19. UNDERTAKER James T. Ryan Inc (Address) 317 Pa. ave SE Wash D.C.

20. FILED 11/16, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 16, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11/16, 1939, to 11/16, 1939

I last saw her not alive on 11/16, 1939; death is said to have occurred on the date stated above, at 2:23 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still birth - 8 mo. mother operated for acute appendicitis. Fetal heart showed distress before surgery.

Date of onset

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Emma Hughes M. D.

(Address) Takoma Park

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 5 1927 BUREAU OF U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11123

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (94a)

County Montgomery Registration Dist. No. 216

Village or City Bethesda No. Bradley Blvd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry F. W. Meyer If U. S. Veteran, specify WAR

(a) Residence: No. Bradley Blvd, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose C. Meyer

6. DATE OF BIRTH (month, day, and year): July 11, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Property Custodian

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Smithsonian Inst.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Girard Meyer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anne ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Chas. B. Meyer

(Address) 2737 23rd Rd. N. Arlington, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date Nov. 18, 1939

19. UNDERTAKER: The S. H. Hines Co

(Address) 2401-14th St. N.W. Wash. D.C.

20. FILED Nov. 18th, 1939 D. C. Carey, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 18, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased, from Nov 10, 1939 to Nov 18, 1939

I last saw h... alive on Nov 17, 1939; death is said to have occurred on tha date stated above, at 8 ... a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Nov 9, 1939
Other Contributory Causes of importance: Myocarditis	Feb 1939

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis: ✓ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..., 19...

Where did injury occur? ✓

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. H. Kelly M. D.

(Address) 3800 Cath. Ave NW

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
DEC 4 1930
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11124

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium & Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 1 mos. 19 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mildred Estelle Miller If U. S. Veteran, specify WAR

(a) Residence: No. Route 1 Berwyn, Maryland St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roy R. Miller

6. DATE OF BIRTH (month, day, and year) March 26, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year) Sept. 14, 1939

11. Total time (years) spent in this occupation 9 yrs.

12. BIRTHPLACE (city or town) Section
(State or country) Alabama

FATHER

13. NAME William Riley Womack

14. BIRTHPLACE (city or town) Franklin County
(State or country) Tennessee

MOTHER

15. MAIDEN NAME Mary Elizabeth Goolsby

16. BIRTHPLACE (city or town) Manchester
(State or country) Tennessee

17. INFORMANT Washington Sanitarium Records
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Princeton, Alabama
Place Princeton Cemetery, Date Nov. 15, 1939

19. UNDERTAKER Warner E. Pumphrey
(Address) 8424 Ga. ave. Silver Spring, Md.

20. FILED 11/17/1939 J. Gilbert Bell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 13, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1939, to November 13, 1939
I last saw her alive on November 13, 1939; death is said to have occurred on the date stated above, at 11:25 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Pyosalpinx bilateral, Chronic.	unknown
Gonorrhoeal in origin. Cervix R.	
Duration: Unknown	

Other Contributory Causes of importence:
General Peritonitis (acute)

Neme of operation Draining pelvic abscess Dete of 10/21/39

Whet test confirmed diegnosis? Wes there an autopsy? Yes

23. If death was due to external ceuses (VIDLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur?
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. R. Coyne M. D.
(Address) Takoma Park Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 5 1928 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (173)

11125

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH:

County Montgomery

City or town Nealesville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Clarksburg R.F.D.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montgomery

City or town Clarksburg Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lawrence Vernon Moore

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 16 - 1917

8. AGE: Years 22 Months 4 Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace Montgomery Co Md (Town, county, and state)

10. Usual occupation Labor

11. Industry or business Farm

FATHER 12. Name Harry Moore

13. Birthplace Montgomery Co Md

MOTHER 14. Maiden name Carrie Chaney

15. Birthplace Montgomery Co Md

16. Informant Carrie Chaney

Address Clarksburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 21 1939 (month) (day) (year)

Cemetery or ~~crematory~~ Rocky Hill

Location Montgomery Co Md

18. Funeral director Roy W Barber

Address Laytonsville Md

19. ~~[illegible]~~ 20th 1939 (Date rec'd by registrar) Wm E Lewis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1939, at 2 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner 19 , to 19 , and that I last saw h alive on Case 19

Immediate cause of death: Shot gun wound in chest at 2nd rib right side

Due to

Due to No Social Security Number

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide Date of 11/19/39

Where did injury occur? Nealesville (City or town) Coroner (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Shot gun. Injured at work? no

23. SIGNATURE C. E. Hawks M.D. Dept. Medical Mont Co

Address Rockville Md Date signed 11/19/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11126

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Dickerson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 8 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: County:

City or town: Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World war-

3. (a) FULL NAME: Marshall C. Morningstar

3. (b) Social Security Number: 579-03-6058

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Anna M. Morningstar

6(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): April 7-1897

8. AGE: Years	Months	Days	If less than one day
42	7	18	---hrs. ---min.

9. Birthplace: Lewisdale, Montg. Co. Md (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER 12. Name: Daniel Morningstar

13. Birthplace: Maryland

MOTHER 14. Maiden name: Ollie Hawes

15. Birthplace: Maryland

16. Informant: Mrs Marshall Morningstar

Address: Dickerson, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/27/39 (month) (day) (year)

Cemetery or crematory: Monocacy

Location: Beallsville, Maryland

18. Funeral director: William B. Hilton

Address: Barnesville, Maryland

19. Nov. 27 1939 (Date rec'd by registrar) Mrs. C. C. Hilton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 25 1939, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 30 1939, to Nov 25 1939, and that I last saw him alive on Nov 25 1939.

	DURATION
Immediate cause of death: Laryngeal Tuberculosis	6 mo's
Due to: Pulmonary Tuberculosis	1939
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E. W. White M. D. or other

Address: Poolesville Date signed: 11/24/39

RECEIVED
DEC 5 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

11127

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The (exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Poolesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 87-7-26

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Montg

City or town Poolesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Mary Mossburg

3. (b) Social Security Number none

4. Sex	5. Color or Race	6. (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Phillip F. Mossburg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27-1852

8. AGE: Years 87 | Months -7 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace Poolesville, Montg. Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Jessie Hyatt

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Ball

15. Birthplace Maryland

16. Informant Claude Mossburg

Address 6317-Deleware St. Chevy Chase, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/25/39 (month) (day) (year)

Cemetery or crematory Monocacy

Location Beallsville, Md

18. Funeral director Hilton & Hall

Address Poolesville, Md

19. Nov 24 1939 (Date rec'd by registrar) E. W. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1939, at 5P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4 1939, to Nov 22 1939, and that I last saw her alive on Nov 22 1939.

	DURATION
Immediate cause of death Cystitis	2 days
Due to Mytrol Streptococcus and related to Heart	1937
Due to	
Other conditions Enlarged Prostate	1931

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. W. White M. D. or other

Address Poolesville Date signed Nov 24/39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11128

Reg. Dist. No. 213

1. PLACE OF DEATH:

County: Montg Co

City or town: Derwood Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 58 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Montg

City or town: Derwood Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Irvin M Mullican

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Eva F Mullican

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov 3 1881

8. AGE: Years 1881 58 Months 0 Days 9 If less than one day ____ hrs. ____ min.

9. Birthplace: Derwood Montg Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: John Mullican
13. Birthplace: Md

MOTHER
14. Maiden name: Raclel Ricketts
15. Birthplace: Md

16. Informant: Mr Russell Mullican
Gaithersburg Md R F D-3
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/15/39 (month) (day) (year)

Cemetery or crematory: Forest Oak Cemetary

Location: Gaithersburg Md

18. Funeral director: Ernest C Gartner
Gaithersburg Md
Address

19. 11-14 1939 (Data rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 12 1939, at 5 30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1937, to Nov. 12 1939, and that I last saw him alive on Nov. 12 1939.

Immediate cause of death: Pulmonary tuberculosis

Due to: —

Due to: —

Other conditions: None —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

DURATION: many years.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Wm A. Linthicum, M.D.
M.D. or other

Address: Rockville, Md Date signed Nov. 14/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 0 1939
BUREAU V. S

11129

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

210 m CB

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Montgomery.

City or town near Clarksburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 0

Stay in hospital or inst. (yrs., or mos., or days) 0

Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington, D.C. County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 911 M Street, N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Harry M. Newberry.

3. (b) Social Security Number 226-01-8341

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sinia Oliver Newberry

6(c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) October 12, 1907

8. AGE: Years 33 Months 1 Days 11 If less than one day ___ hrs. ___ min.

9. Birthplace Alabama (Town, county, and state)

10. Usual occupation Painter & Truck Driver

11. Industry or business

FATHER 12. Name Jessie Hunter Newberry

13. Birthplace Virginia

MOTHER 14. Maiden name Mellie Staffon

15. Birthplace Virginia

16. Informant Mrs. Mellie Newberry (mother)

Address Dublin, Virginia.

17. Removal. (Burial, cremation, or removal. Which?) Date thereof Nov. 23, 1939 (month) (day) (year)

Cemetery or crematory

Location Washington.

18. Funeral director Wm Reuben Pumphrey.

Address Rockville & Bethesda Md.

19. Nov. 23 1939 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1939, at 5:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner 19 , to 19 , and that I last saw h alive on Case 19

Immediate cause of death Probably hemorrhage into brain. Fracture of left clavicle & forearm. Auto accident on highway near Hyastown Md

Due to

Other conditions on Route 240

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11/22/39

Where did injury occur? Near Hyastown Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury auto accident Injured at work?

23. SIGNATURE C. E. Hawkins M. D. or other

Deputy Med Exp Mont Co

Address Rockville Md Date signed 11/22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

T

RECEIVED
DEC 6 1939
BUREAU V. S.

11130

STATE OF MARYLAND—CERTIFICATE OF DEATH

(50)

1. PLACE OF DEATH

County Montgomery Co., Md. Registration Dist. No. 223

Village or City Takoma Park, Md. No. Washington San. & Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or fown where deafh occurred 8 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Minnie E. Nine

(a) Residence: No. 415 Greenwood Ave., St., Takoma Park, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White Amer.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Separated

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mr. Gilbert C. Nine

6. DATE OF BIRTH (month, day, and year) March 13, 1882

7. AGE: Years 57 | Months 8 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Keeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Washington Sanitarium

10. Date deceased last worked at this occupation (month and year) Sept. 1939

11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Elsay Spenear

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Ellen Jeffers

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Hospital Records (Address) Wash. Sanitarium & Hospital.

18. BURIAL, CREMATION, OR REMOVAL Place Wash. D.C. Date 11/30, 1939

19. UNDERTAKER J. Arthur Gallery (Address) 254 Carroll St. N.W. Takoma Park D.C.

20. FILED 11/30, 1939 J. Wilson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1939, to Nov 30, 1939

I last saw her alive on Nov. 30, 1939; death is said to have occurred on the date stated above, at 11 47 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Multiple Carcinoma Abdomen: Primary carcinoma of Lungs: right breast. Duration: 18 months.

Date of onset

Other Contributory Causes of importance:

Carcinoma of pleura: six months;
Carcinoma of liver: four months; &
Carcinoma of mesenteric lymphglands: four months.

Name of operation Date of

Whet fest confirmed diagnosis? Wes thara an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Nature of injury

24. Wes diseese or injury in any wey releted fo occupation of deceased? No.

If so, specify

(Signed) G. M. Gibbs M. D.

(Address) Takoma Park Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

11131

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Kensington (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 11 Lincoln Ave.

Stay in hospital or inst. (yrs., or mos., or days) ——

Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery.

City or town Kensington. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 11 Lincoln Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Macie E. Ray.

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	married.

B (b) Name of husband or wife Alfred Ray.

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1871

8. AGE:

Years	Months	Days	If less than one day
68	1	3	——hrs. ——min.

9. Birthplace Forest Glen. Montg Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER 12. Name Henry Hodges

13. Birthplace Md.

MOTHER 14. Maiden name Mary Bailey.

15. Birthplace Md.

16. Informant Alfred Ray.

Address 11 Lincoln Ave. Kensington Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 20. 1939 (month) (day) (year)

Cemetery or crematory St Marys

Location near Rockville Md.

18. Funeral director Wm Reuben Pumphrey.

Address Rockville & Bethesda Md.

19. Nov. 18 1939 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1939, at 4:35 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 23 1939, to Nov 17 1939, and that I last saw her alive on Nov 17 1939.

Immediate cause of death Uremia — DURATION 99 days

Due to Chronic interstitial nephritis — ?

Due to ——

Other conditions Rheumatic heart disease — ?

Aortic insufficiency — ?

Myocardial degeneration

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide —— Date of ——

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ——

Means of injury —— Injured at work?

23. SIGNATURE J. Wilkins Cooch M. D. or other

Address Kensington, Md. Date signed 11/18/39

RECEIVED
DEC 7 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

11132

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Rockville.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Montgomery

City or town: Rockville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: On Norbeck road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Louise Campbell Russell.

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lawerence Russell

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 16 1894

8. AGE: Years: 45 | Months: 10 | Days: 12 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Moulgs Co. Md.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Charles Campbell

13. Birthplace: Montg Co. Md.

MOTHER

14. Maiden name: Martha Sorrey

15. Birthplace: Montg Co. Md.

16. Informant: Lawerence Russell

Address: Rockville, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Dec. 2, 1939 (month) (day) (year)

Cemetery or crematory: Oak Grove

Location: Mt. Zion, Md.

18. Funeral director: Robt. T. Snowden

Address: 246 N. Washington St.

19. 12-2 1939 (Date rec'd by registrar) Faye Barnsley Rockville Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 29 1939, at 9:00 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 29 1939 to Nov. 29 1939, and that I last saw her alive on Nov 29 1939. Died on arrival

	DURATION
Immediate cause of death: acute dilatation of heart	sudden
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: G. V. Hartley M. D. or other

Address: Rockville Date signed: Dec. 1, 1939

RECEIVED
DEC 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11133

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (72-a)

County Montgomery County Registration Dist. No. 216

Village or City Chevy Chase No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Gatwell Schrader If U. S. Veteran, specify WAR

(a) Residence: No. 20 Old Chester Road Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Frank C. Schrader

6. DATE OF BIRTH (month, day, and year) Oct. 8 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) about Apr. 1. 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ypsilanti Mich.

FATHER

13. NAME Edward Battle

14. BIRTHPLACE (city or town) (State or country) Cork County Ireland

MOTHER

15. MAIDEN NAME Mary Carpenter

16. BIRTHPLACE (city or town) (State or country) Ypsilanti Mich.

17. INFORMANT Mrs. May Mendenhall (Address) First Cousin.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Washington D.C. Date 11-16, 1939

19. UNDERTAKER L. L. Hines Co (Address) 2401-14 St. N.W.

20. FILED 11-15, 1939 Thomas L. Conrad Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 15, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939 to Nov. 15, 1939

I last saw h- alive on November 15 1939; death is said to have occurred on the date stated above, at 6.30 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
a Leukemia	about Aug 1. 39
Leukemia	

Other Contributory Causes of importance:
Chronic Nephritis about 6 months
autopsy to be performed

Name of operation None Date of

What test confirmed diagnosis? Blood Test Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Ernest B. Lappington M. D.

(Address) 1103-16 Washington D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 1 1933 BUREAU OF V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11134

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium and Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Jessie Curtis Scowden If U. S. Veteran, specify WAR

(a) Residence: No. Woodlawn Avenue R. 2 St., Ward. Jamestown, New York
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward W. Scowden

6. DATE OF BIRTH (month, day, and year): Sept. 19, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own home

10. Date deceased last worked at this occupation (month and year): 9/14/39

11. Total time (years) spent in this occupation: 36

12. BIRTHPLACE (city or town) (State or country): Elbridge, New York

FATHER

13. NAME: Alonzo Mead Curtis

14. BIRTHPLACE (city or town) (State or country): Elbridge, New York

MOTHER

15. MAIDEN NAME: Electa Townsend

16. BIRTHPLACE (city or town) (State or country): Jordan, New York

17. INFORMANT (Address): Washington Sanitarium Records, Takoma Park, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Washington, D. C. Date Nov. 28, 1939

19. UNDERTAKER (Address): J. Arthur Walters, 254 Carroll St. Takoma Park, D. C.

20. FILED 11/29, 1939 J. Hilton Revell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 28, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1939, to Nov 28, 1939

I last saw her alive on Nov. 28, 1939; death is said to have occurred on the date stated above, at 10:46 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Toxic Adenomatous Goitre and Acute Cardiac Failure	Many yrs. 1 day.
Other Contributory Causes of importance: Chronic Myocarditis	Years
Hypertension	"

Name of operation: Subtotal Thyroidectomy Date of: Nov. 27

What test confirmed diagnosis? B.M.R. +51 Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Read H. Calvert M. D.

(Address) Silver Spring, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72-a)

CERTIFICATE OF DEATH

11135

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The cross-page is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

(M) (T)

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 820 Thayer Avenue

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 820 Thayer Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Melven Clyde Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband ~~or wife~~ Earnestine Winkler Smith

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1869

8. AGE: Years	Months	Days	If less than one day
70	5	29	hrs. min.

9. Birthplace Lewisburg, Pa.

(Town, county and state)

10. Usual occupation Retired Claim Agent

11. Industry or business for B. & O. Railroad

FATHER 12. Name William Smith

13. Birthplace Pa.

MOTHER 14. Maiden name Amanda Hemberling

15. Birthplace Pa.

16. Informant Melvin C. Smith

Address 4701 Conn. Ave., N. W., Washington

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 14, 1939 (month) (day) (year) D.C.

Cemetery ~~or crematory~~

Location Lewisburg, Pa.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Nov. 12 1939 (Date rec'd by registrar) F. G. Dudley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1939, at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 8 1938, to Nov 11 1939, and that I last saw h alive on Nov 11 1939.

	DURATION
Immediate cause of death: Lymphatic Leukemia	3 yrs.
Due to	
Due to	
Other conditions: Multiple Abscess	2 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W B Wardrop M.D. M. D. or other

Address 913 Bonifant St. Date signed 11/12/39

RECEIVED
NOV 23 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (948)

CERTIFICATE OF DEATH

11136

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Chevy Chase, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 9 Williams Lane
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Chevy Chase, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 9 Williams Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: John Stout

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Lula Davidson Stout
6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): April 30, 1874

8. AGE: Years	Months	Days	If less than one day
65	6	15	hrs. min.

9. Birthplace: Culpepper, Virginia
(Town, county, and state)

10. Usual occupation: Retired Cashier Capitol Traction

11. Industry or business

FATHER
12. Name: William Cary Stout
13. Birthplace: Culpepper, Virginia

MOTHER
14. Maiden name: Hannah Davis
15. Birthplace: Rockbridge County, Virginia

16. Informant: Charles W. Barber
Address: 213 Wilson Lane, Battery Pk., Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 17, 1939 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Faber, Virginia

18. Funeral director: Wm. Reuben Pumphrey
Address: 7005 Wisconsin Ave., Bethesda, Md.

19. 11-16-39 (Date rec'd by registrar) B C Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 15th 1939, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 3rd 1938, to Nov 15th 1939, and that I last saw him alive on Nov 15th 1939

Immediate cause of death	DURATION
Acute Dilatation of Heart	11-15-39
Due to arterio-sclerosis	Oct 1938
Due to Coronary Thrombosis	" "
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Bury C Perry M. D. or other
Address: Bethesda, Md. Date signed: 11-16-39

RECEIVED
DEC 4 1909
BUREAU V. S.

11137

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 223-

(191)

1 PLACE OF DEATH

County Montgomery

WITHIN CORPORATE LIMITS

Village or City Takoma Park (No.) 113 Carroll Av St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph William Walker

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (Write the word): Widowed

6 DATE OF BIRTH: Aug. 27, 1860 (Month) (Day) (Year)

7 AGE: 79 yrs. 2 mos. 20 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country): Philadelphia Pa

PARENTS

10 NAME OF FATHER: Chas H. Walker

11 BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

12 MAIDEN NAME OF MOTHER: Mary A McGuigan

13 BIRTHPLACE OF MOTHER (State or Country): Philadelphia Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anne E. Walker

(Address) 1424 Chapin St. Wash. D.C.

15 Filed 11/14 1939 J. Fletcher Dent Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. 16, 1939 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Nov. 1937 to Nov. 16, 1939

that I last saw him alive on Nov. 16, 1939

and that death occurred on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH * was as follows:

Cardio renal vascular disease

Chronic (Duration) yrs. mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) Frank L. McClymont M. D.

11/14 1939 (Address) 2934 Conn. Av. Washington D.C.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? /

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Washington D.C.

DATE OF BURIAL: , 19

20 UNDERTAKER: E. H. Hamilton

ADDRESS: 2901 14th St N.W.

If more blanks are needed, address State Registrar; 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12)

11138

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Spencerville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) about 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Silver Spring Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Georgia Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Carrie B. Waters

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Tom Plummer Waters 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 21, 1855

8. AGE: Years	Months	Days	If less than one day
84	7	19	____ hrs. ____ min.

9. Birthplace Md. (Town, county, and state)
10. Usual occupation Retired Housewife
11. Industry or business Home
FATHER 12. Name Samuel Joseph Childs
13. Birthplace Md.
MOTHER 14. Maiden name Sarah Ellen Cissel
15. Birthplace Md.
16. Informant Mrs. Smith W. Allnutt
Address Spencerville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 22, 1939 (month) (day) (year)
Cemetery ~~or crematory~~ Burtonsville Union
Location Burtonsville, Md
18. Funeral director Warner E. Pumphrey
Address Silver Spring, Md.
19 Nov. 21 1939 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 — 1939, at 2:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-1- 1939, to 11-20-1939 and that I last saw her alive on 11-19- 1939.

	DURATION
Immediate cause of death Chronic Heart & Kidney disease	unknown
Due to age —	
Due to	
Other conditions Myocarditis	3 weeks

(Include pregnancy within 3 months of death)

Major findings:
Of operations None —
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas E. Tompkinson M. D. or other
Address Sandy Spring, Md. Date signed 11/21/39

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DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-C

CERTIFICATE OF DEATH

11139

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Hunting Hill (If outside city or town limits, write RURAL NEAR and give town)
Street address (hospital, or institution): Rural near Rockville Md.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Hunting Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rockville R.F.D. #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME William Armstead West

3. (b) Social Security Number 218-09-9045

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ethel West

6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Feb 3, 1892

8. AGE: Years 47 | Months 9 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace Hunting Hill, Monty Co. Md. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Building

FATHER 12. Name Erasmus J West

13. Birthplace Maryland.

MOTHER 14. Maiden name Sarah Minis

15. Birthplace Maryland

16. Informant Ethel West

Address Rockville R.F.D. #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-11 39 (month) (day) (year)

Cemetery or crematory Forest Oak

Location Gaithersburg Md.

18. Funeral director Wm Reuben Pumphrey

Address Rockville Md.

19. 11-11 1939 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1939, at 4:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 20 1939, to Nov. 9 1939, and that I last saw him alive on Nov. 9 1939.

Immediate cause of death Carcinoma of the sigmoid — DURATION 6 months ?

Due to —

Due to —

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm A. Smithson M.D. M. D., or other

Address Rockville, Md. Date signed Nov 10/39

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DEC 6 1939
BUREAU V. S.

11140

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (46-B)

County Montgomery Registration Dist. No. 213

Village or City Travilla No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia C. Woodhouse If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Stuart Woodhouse

6. DATE OF BIRTH (month, day, and year) Jan 10 1862

7. AGE: Years 77 Months Jan 1 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Joseph Swift

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Charles A. Russ (Address) Rockville, Md RFD 1

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion, Bethesda Md. Date Nov 29, 1939

19. UNDERTAKER Warren E Pumphrey (Address) Rockville, Md

20. FILED ~~12-29~~ Nov. 29 1939, 1939 Faye Barnsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 27, 1939. (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1939, to November 27, 1939. I last saw her alive on Nov. 27, 1939, death is said to have occurred on the date stated above, at 6 15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1938?

Other Contributory Causes of Importance: none

Name of operation none Date of —

What test confirmed diagnosis Age exam + Hear was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify —

(Signed) Wm A. Linthicum M. D.

(Address) Rockville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 8 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN